PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Application Number	10/510,586
			Filing Date	October 8, 2004
			First Named Inventor	Åge Kyllingstad
			Art Unit	2857
			Examiner Name	Hal D. Wachsman
	Total Number of Pages in This Submission	8	Attorney Docket Number	1935-00144

ENCLOSURES (Check all that apply)						
✓ Fee T	ransmittal Form		Drawing(s)			After Allowance Communication to TC
	Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Return Receipt Postcard	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name						
Andrus, Sceales, Starke & Sawall, LLP						
Signature Viter T. Hal-						
Printed name Peter T. Hols		l				
Date	June 12, 2006	June 12, 2006		Reg. No.	54,1	80
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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Boy 1450, Alexandria, VA 22313, 1450, on						

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Papen Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/510.586 **Application Number** FEE TRANSMITTA October 8, 2004 Filing Date For FY 2005 Åge Kyllingstad First Named Inventor Hal D. Wachsman **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2857 TOTAL AMOUNT OF PAYMENT (\$) \$0.00Attorney Docket No. 1935-00144 METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): Deposit Account Name:_Andrus, Sceales, Starke & Sawall, LLP ✓ Deposit Account Deposit Account Number: 01.2000 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 100 250 200 Design 100 100 50 130 65 Plant 200 100 300 160 80 150 300 500 600 Reissue 150 250 300 200 Provisional 100 O 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** \$0.00 Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _ - 3 \$0.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets Extra Sheets** (round up to a whole number) x \$0.00 4. OTHER FEE(S) Fees Paid (\$)

SUBMITTED BY			· · · · · · · · · · · · · · · · · · ·
Signature	Viter TAtal	Registration No. (Attorney/Agent) 54,180	Telephone 414-271-7590
Name (Print/Type)	Peter T. Holsen		Date June 12, 2006

Non-English Specification, \$130 fee (no small entity discount)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/510,586) CERTIFICATE OF MAILING
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Title	:	Method and Device for) Alexandria, VA 22313-1450, on this 12th
		Detecting Leaks in) day of June, 2006.
		Reciprocating)
		Machinery	$)$ $A \cup A \cup A$
			Mohia Prange June 12, 2006
TC/A.U.	:	2857) Aleshia Prange / Date
Examiner	:	Hal D. Wachsman)
)
Docket No.	:	1935-00144)

AMENDMENT

Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated May 12, 2006, please enter the following in the above-identified application:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.